

## **PROCEDURES TO OBTAIN A VIATICAL SETTLEMENT BROKER LICENSE**

### **QUALIFICATIONS**

Applicant must hold a valid Life Insurance Producer license in the State of Nebraska.

Applicant must be at least 18 years of age.

### **FILING REQUIREMENT**

1. Declaration to Nebraska Department of Insurance for Viatical Settlement Broker.
2. Evidence of financial responsibility in the amount of \$250,000 through either a surety bond or a deposit of cash, certificates of deposit, or securities.
3. A check in the amount of \$40.00.

### **DURATION OF LICENSE**

The initial license will be effective the date received in the department provided all information is in order and will expire the end of the licensee's birth month when the licensee is an even age. (Example: If you were born in an even year your license will have an expiration date of the last day of your birth month in even years. If you were born in an odd year your license will have an expiration date of the last day of your birth month in odd years).

After the initial license all renewed licenses will be for a two-year period.

### **CHANGE OF ADDRESS**

Every person licensed under the Viatical Settlement Act shall notify the Department of any change in such person's residential or business address within 30 days.



STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
P.O. Box 82089  
Lincoln, NE 68501-2089  
402/471-2201

DECLARATION TO NEBRASKA  
DEPARTMENT OF INSURANCE  
FOR VIATICAL SETTLEMENT BROKER

Producer Name \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Nebraska Producer License Number \_\_\_\_\_

I \_\_\_\_\_ intend to act as a Viatical settlement broker in Nebraska. I have read and understood Neb.Rev. Stat. §44-1101 et seq. and I will operate in accordance therewith. I understand that a viatical settlement broker is deemed to represent only the viator's interests and shall owe a fiduciary duty to the viator to act according to the viator's instructions and in the viator's best interests.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name